## STATEMENT OF CLAIMANT FORM

## DOMESTIC USE

## AGUA FRIA RIVER WATERSHED ABOVE CAMP DYER DAM SUPERIOR COURT OF MARICOPA COUNTY

For Departmental Use Only				
File No. 39-				
Date Filed:				
WFN				

1.	Claimant Name:									
	Clair	nant /	Address:				City			
			State:	Zip Co	ode		Telephor	ne		
2.		Basis of Claim:								
	Α.	Appropriation Right acquired prior to June 12, 1919. 1974 Water Rights Registration Act Registry No								
	B.		Appropriation Right acquired after June 12, 1919. Application No.							
		Permit No, or Certificate of Water Right No								
	C.	Decreed water right. Principal litigants, court, date and case no								
	D. E.		Right to withdraw groundwater. Grandfathered Right No.							
3.	Clair	imed Priority Date:/(month/day/year)								
4.	Sou	rce o	f Water:							
	Α.		Stream: name				tributary to _		<del> </del>	
	B.		Spring: name				tributary to _			
	C.			name		,	tributary to _			
	υ.	D. Groundwater.								
5.	A.	A. Legal description of the Point of Diversion:  County, Section, TownshipN/S, RangeE/W								
		Cou	nty		Section	, ,	Fownship	N/S, Range	E/W	
		Leg	al Subdivision:			,				
	$\frac{1}{4}$ , $\frac{1}{4}$ , of the Section									
	B. Legal description of the Place of Use: (one of the following)  County, Section, TownshipN/S, Range							E/W		
			al Subdivision:			,				
			1/4,	1/4,		1/4,	of the Section,	or		
		Par	cel I.D.		, 0	r				
	Subdivision Name Block No Lot No									
			Otaal		ther Hoos	cupplio	d from the noi	nt of diversion, descri	he.	
6.	If th	nere a	are irrigation, Stock		other oses			——————————————————————————————————————		
	54		f Divorcion:							
7.		ans o	f Diversion: Instream pump.							
	A. B.	Gravity flow into a ditch, canal or pipeline.								
		Description No. 55-								
	C. D.	Other, describe:								
	υ.	ш	Other, december							

8. Number of persons o	or dwellingsserved by this use.			
9. Annual Volume Claimed:	acre-feet			
use and diversion. Your signature following	om the Department of Water Resources to inspect the place of will grant permission to enter your property for the purpose of			
representative, are there any special instruc	ve of the Department to contact you as the claimant or your ctions regarding time of day or address to aid in locating the			
12. Additional comments:				
(attach additional sheet if required)				
13. Attach Filing Fee to Form. Mail form(s) and	ADJUDICATION SECTION			
14. Notarized Statement: I (We),	PO BOX 458 PHOENIX AZ 85001-0458			
the claimant(s) named in this claim, do hereby certify under penalty of perjury, that the information contained and statements made herein are to the best of my (our) knowledge and belief true, correct and complete.				
(seal)				
My Commission Expires	Notary Public			
	or, Authorized Personnel of the Department of Water Resources			